Mass Filing

- **Initial and Additional Unemployment Insurance Claims**

- **Unemployment Insurance Payments**

Introduction

The Mass Filing of Initial and Additional Claims system (MFIAC) accepts claims data directly from the employer in order to expedite the filing process.

The valid records continue through to the Virginia Automated Benefits System (VABS) where the claim for unemployment insurance is processed. Invalid records are returned to the coordinating field office for correction and re-transmission. This system can also process weekly claims for payment of benefits. Please contact your coordinating Virginia Employment Commission field office for more details about this feature.

Tape Requirements

Data Information
and Record Layouts

Transmittal and Certification of Employee Data

Tape Requirements

- tape cartridge, 3.5î diskettes
- logical record length is 95
- blocksize is 28,500 (300 X 95)
- record format is fixed block
- recording density is 1600 bpi
- labels are standard
  - data representation is EBCDIC

Please submit your data to:

Virginia Employment Commission
Monetary Determinations Manager
Room 200
PO Box 1358
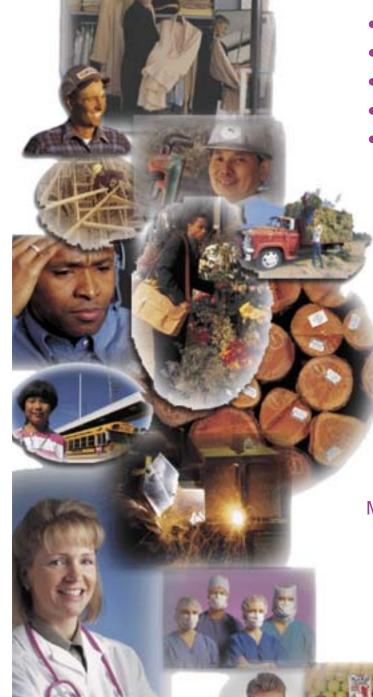Richmond, VA **23218**

OR, if you are using Federal Express, UPS, etc., use this address:

Virginia Employment Commission
Monetary Determinations Manager
Room 200
703 East Main Street
Richmond, VA **23219**

It is important that the tape or diskette is clearly labeled ìclaim data.î The label must also include the companyís name, address, and name of a contact person. Additionally, the attached ìTransmittal and Certification of Employee Dataî must be completed, signed by an employer representative, and submitted with the data.

Data Information

There are four types of records in the MFIAC system. The header records is used to identify the employer and indicate the beginning of the employee/claimant data. Each employee/claimant will have a 3200 type data record followed by a 3400 type data record. The trailer record is used to indicate the end of the employee/claimant data and the number of records transmitted.

Header Records Layout

Positions	Field Name	Field Value	Picture
01-03	Identifier	"HDR"	X(03)
04-95	Employer Name	Left-justified	X(92)

Trailer Record Layout

Positions	Field Name	Field Value	Picture
01-03	Identifier	"TRL"	X(03)
04-08	Record Count	Total number of date records transmittes, exclude header and trailer records	9(05)
09-95	Filler	Spaces	X(87)

3200 Type Data Record

Positions	Field Name	Field Value	Picture
01-02	Transaction Code	"32"	X(02)
03-04	Instruction Code	"00"	X(02)
05-13	Social Security Number	Numeric	X(09)
14-24	First and Middle Name	Alphabetic, no punctuation Examples: John Andrew, John A, J Andrew, J A	X(11)
25-39	Last Name	Alphabetic, no punctuation. Examples: Smith Jr, Smith III	X(15)
40-44	Filler	Spaces	X(05)
45-50	Effective Date of Claim	MMDDYY, Sunday prior to employer's payroll week ending date. Example: 110595 (= November 5, 1995)	X(06)
51	Sex Code	1(Male) 2(Female)	X(01)
52-53	Filler	Spaces	X(02)

3200 Type Data Record

Positions	Field Name	Field Value	Picture
54	Race Code	1 (WHITE, non-Hispanic) Person having origin in any of the original people of Europe, North Africa, or the Middle East. 2 (BLACK, non-Hispanic) Person having origin in any of the Black racial groups of Africa. 3 (HISPANIC) Person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. 4 (AMERICAN INDIAN or ALASKAN NATIVE) Person having origin in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. 5 (ASIAN or PACIFIC ISLANDER) Person having origin in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands. Examples: China, India, Samoa, Korea, Philippine Islands.	(X02)
55-57	Field Office Number	(This number will be provided by the coordinating field office)	X(03)
58	Filler	Space	X(01)
59-63	State & County Residence Codes	(These codes will be provided by the coordinating field office)	X(05)
64-70	Employer Account Number	The last 7 digits of the VEC account number for your plant or company.	X(07)
71-74	Filler	Spaces	X(04)
75	Total/Partial Unemployment	This value will be provided by the coordinating field office.	X(01)
76-80	Filler	Spaces	X(05)
81-84	Start Date	YYMMDD. Employee's most recent start date. Example: 950316 = March16, 1995.	9(6) Comp-3 (Not required for 3.5" diskette)
85-88	Date of Birth	YYMMDD.	9(6) Comp-3 (Not required for 3.5" diskette)
89-95	Filler	Spaces	X(07)

3400 Type Data Record

Positions	Field Name	Field Value	Picture
01-02	Transaction Code	"34"	X(02)
03-04	Instruction Code	"00"	X(02)
05-13	Social Security Number	Numeric	X(09)
14-41	Street Address	Alphabetic	X(28)
42-54	City	Alphabetic	X(13)
55-56	State	Alphabetic	X(02)
57-61	Zip Code	Numeric	X(05)

If claim applications only:			
62-72	Filler	Spaces	X(11)
If payment information is included:			
62-67	Benefit Week Ending	Enter the Sunday (MMDDYY) date following the Saturday of the week being claimed.	X(06)
68-72	Earnings	Enter the total earnings of the claimant, including odd job earnings, during the week being claimed. Enter earnings in dollars and cents; including leading zeros. No decimal. Fill with zeros if there are no earnings.	X(05)
All Records:			
73-75	Pension	Enter weekly pension in whole dollars. Enter new amount if there has been a change in pension amount. Fill with spaces if there is no pension amount.	X(03)
76-80	Filler	Spaces	X(05)
81-83	Occupational Code	Enter employee's occupational code as provided by the coordinating field office.	X(03)
84-93	Telephone	Area Code and phone number or spaces	X(10)
94-95	Filler	Spaces	X(02)

Virginia Employment Commission

Transmittal and Certification of Employee Data

for Mass Filing and Payment of
Unemployment Insurance Claims

Company Name: _____

Street Address: _____

City/State/Zip Code _____

Telephone: _____

Week Ending Date
of Layoff: _____

Number of Employees on
Magnetic Media Transmittal: _____

CERTIFICATION

I certify that the individuals identified on the enclosed magnetic media are employees

of _____, and are being

separated due to lack of work for the Week Ending _____.

The information provided to the Virginia Employment Commission was extracted from

this companyís personnel records and is true and accurate to the best of my

knowledge.

The employees affected by this layoff have been asked to report any odd-job

earnings or retirement pensions, and the sum of regular earnings and odd-job

earnings has been recorded in the ìearningsî field, and the pension amount has been

recorded in the ìpension amountî field.

Signature _____

Title _____

Date _____

Virginia Employment Commission

Transmittal and Certification of Employee Data

for Mass Filing of Unemployment Insurance Claims

Company Name: _____

Street Address: _____

City/State/Zip Code _____

Telephone: _____

Week Ending Date
of Layoff: _____

Number of Employees on
Magnetic Media Transmittal: _____

CERTIFICATION

I certify that the individuals identified on the enclosed magnetic media are employees

of _____, and are being

separated due to lack of work for the Week Ending _____.

The information provided to the Virginia Employment Commission was extracted from

this companyís personnel records and is true and accurate to the best of my

knowledge.

Signature _____

Title _____

Date _____